

BK 0339 PG 0299

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between Bertha Holub, a widow, who acquired title as a tenant by the entirety with full rights of survivorship and not as tenants in common with Frank A. Holub, who passed away on June 26, 1997, a copy of the death certificate is attached as Exhibit "A" to this deed, Grantor, and Melanie Kenner, an unmarried woman, Grantee,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantee to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby convey and warrant, except as hereinafter set forth, unto the Grantee, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of Mississippi, and more particularly described as follows, to-wit:

Lot 2819, Section N, Southaven West Subdivision, in Section 26, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 5, Pages 8-9, in the office of the Chancery Clerk of DeSoto County, Mississippi.

TO HAVE AND TO HOLD unto the Grantee, his/her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.

c:\property\wd

STATE MS.-DESOTO CO.
FILED

SEP 8 11 34 AM '98

BK 339 PG 299
W.E. DAVIS CH. CLK.

BK 0339 PG 0300

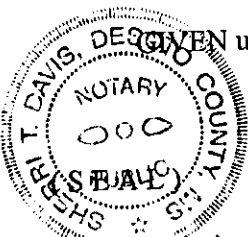
3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 4th day of September, 1998.

Bertha Holub
Bertha Holub

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Bertha Holub, an unmarried woman, who acknowledged that he/she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.



GIVEN under my hand and official seal on this the 4th day of September, 1998.

[Signature]
NOTARY PUBLIC

My Commission Expires:

MISSISSIPPI STATE NOTARY PUBLIC
MY COM. EXPIRES 12-28-99
FORGED THIS STATE NOTARY SERVICE

ADDRESS OF GRANTOR:
7693 Charleston Dr
Southaven, MS. 38671
Home: (601) 280-2916
Work: N/A

ADDRESS OF GRANTEE:
7678 Rockingham
Southaven, Mississippi 38671
Home: 601-380-3053
Work: 901-360-8677

PREPARED BY AND RETURN TO:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(601) 349-0664

FILE# 998-575

TYPE OR PRINT WITH BLACK INK		FILING DATE		CERTIFICATE OF DEATH		STATE FILE NUMBER	
DECEASED		1. NAME First Middle Last		2. SEX		3a. HOUR OF DEATH 3b. DATE OF DEATH (Month, Day, Year)	
		FRANK ADDISON HOLUB		MALE		4:15P m JUNE 26, 1997	
4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year)		7a. COUNTY OF DEATH	
WHITE		85 Years		JULY 12, 1911		DESOTO	
7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM. OR DOA		8. STATE OF BIRTH	
SOUTHAVEN		7693 CHARLESTON DR.		NONE		PENN	
9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
Elem./High School (0-12) 12		College (1-4, 5+)		MARRIED BERTHA MORAWSKI		NO	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done, most of working life)		15b. KIND OF BUSINESS OR INDUSTRY	
AMERICAN		353-10-7381		OWNER/OPERATOR		F & M LIQUOR STORE	
16a. RESIDENCE—STATE		16b. COUNTY		16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)	
MS		DESOTO		SOUTHAVEN		YES	
16e. STREET AND NUMBER OR RURAL LOCATION		7693 CHARLESTON DR.					
PARENTS		17. FATHER—NAME First Middle Last		18. MOTHER—NAME First Middle Maiden			
		FRANK HOLUB		ANNE NIX			
INFORMANT		19a. INFORMANT—NAME (Type or print)		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		BERTHA HOLUB		7693 CHARLESTON DR. SOUTHAVEN, MS. 38671			
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY—NAME		20c. LOCATION (City and State)	
		BURIAL		FOREST HILL SOUTH		MEMPHIS, TN.	
21b. FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		21a. EMBALMER—SIGNATURE AND NUMBER			
FOREST HILL FUNERAL HOME SOUTH		2545 E. HOLMES RD. MEMPHIS, TN. 38118		G. DAVID KELLER #4327 TN.			
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)		22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour) AT	
		Bill W. Baldwin, DCMEI		ON 6/26/1997		AT 5:15P m	
CERTIFIER		23a. CERTIFIER—NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		Jeffery Pounders		4942 Pounders Rd. Nesbit, Ms. 38651			
Mississippi State Board of Health Form No. 511 Revised 1-1-89		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER	
		SIGNATURE		7/4/1997		MD	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated		24f. TITLE		24g. DATE SIGNED (Month, Day, Year)	
				Desoto CMEI		7/4/1997	
CAUSE OF DEATH		25. PART I DEATH CAUSED BY		IMMEDIATE CAUSE (Enter one cause only)		Interval between onset and death	
		(a)		Cancer Of Prostate			
		(b)		DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death	
		(c)		DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death	
26. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)			
		No		Yes			
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		Street or route number City or town State	

- INSTRUCTIONS
- This certificate should be completed using a typewriter.
 - The institution where death occurs must complete items 1, 3, 7 and 22 and retain the pink copy.
 - The certifier must complete the "Certifier" and "Cause of Death" sections, forward the certificate to the funeral director within 3 days, and keep the blue copy for his records.

- The funeral director should complete all remaining items and file the certificate with the State Board of Health within 5 days of death.
- The yellow copy may be used as a burial-transit permit if the certificate has been completed and signed prior to transit.

57057

EXHIBIT

" A "